State of Colorado Department of Human Services Statewide Strategic Use Fund

Request for Applications (RFA) Application Form

Section I: Agency Information

Agency Name (Lead Agency's Full Legal Na	nme):
DBA Name (if different than above):	
Mailing Address:	
Physical Address (if different than above):	
City:	State: Zip:
County:	FEIN or SSN:
Phone:	Fax:
Website:	
Contact Name:	
Contact Title:	
Contact Phone:	Contact Email:
Director's Name:	
Director's Title:	
Director's Phone:	Director's Email:
Agency Type (check all that apply):	
We are a community or faith-based organ We are a community or faith-based organ We are a county government entity. We are a non-profit agency. We are a state government entity.	, ,
Agency Operating Budget:	
Our annual operating budget is \$500,000 Our annual operating budget is between \$ Our annual operating budget is greater that Other, please describe:	5500,000 and \$1,000,000

Section II: Grant Information

Grant Amount Requested	:		
Area(s) to be Served via I	Proposed Project (check al	l that apply):	
 □ Denver Metro Region □ Northern Region □ Pikes Peak Region □ Southeast Region □ Upper Arkansas Region 		☐ Eastern Region ☐ Northwest and Rural ☐ San Luis Valley Region ☐ Southern Region ☐ Western / Southwester	on
Counties Served:			
Adams Baca Chaffee Costilla Denver El Paso Gilpin Huerfano Kit Carson Las Animas Mineral Morgan Phillips Rio Blanco San Juan Teller Target Population:	Alamosa Bent Cheyenne Crowley Dolores Elbert Grand Jackson La Plata Lincoln Moffat Otero Pitkin Rio Grande San Miguel Washington	Arapahoe Boulder Clear Creek Custer Douglas Fremont Gunnison Jefferson Lake Logan Montezuma Ouray Prowers Routt Sedgwick Weld	Archuleta Broomfield Conejos Delta Eagle Garfield Hinsdale Kiowa Larimer Mesa Montrose Park Pueblo Saguache Summit Yuma
rarget ropulation.			
Total (Unduplicated) # of	Families to be Served:		
Total (Unduplicated) # of	Individuals to be Served:		
Types of Services to be P Life Skills	rovided (see Measurable C	Outcomes document for fu	ll descriptions):
 Increase self-e Increase capac 	fficacy and / or life skills ity of parents / families to for obtaining or maintaini	-	e and support
Family Development / S	trengthening Families		
5.	ve parenting skills and chi m of social support / famili t participation in work, chi tal and behavioral health s	ial support ildcare, or education throu	gh access to and

Enhan	ce Systems of Support
7.	☐ Increase the capacity of caseworkers, service providers, and community based programs to provide specialized services for domestic violence, dating violence, people with disabilities, minority populations, or others needing specialized services.
8.	Increase availability and access of high quality, specialized services for: the prevention and / or intervention of domestic violence and / or dating violence; people with disabilities or others needing specialized services; or populations that are traditionally underserved.
9. 10.	☐ Increase availability and access of high quality and / or accredited childcare ☐ Increase availability and access of high quality and / or accredited childcare for children with special needs
Work	Skills / Employment
11.12.	☐ Increase sustainable employment rates through work experiences, paid internships, and other employment experiences ☐ Increase work skills, job skills training
Educa	-
13.	☐ Increase educational attainment
Trans	portation
14.	☐ Increase access to and availability of reliable transportation
Please apply):	indicate the TANF purpose(s) under which you are applying for funds (check all that
Red Pre	sisting needy families so that children can be cared for in their own homes ducing the dependency of needy parents by promoting job preparation, work, and marriage venting out-of-wedlock pregnancies couraging the formation and maintenance of two-parent families.
Please the pro	summarize the proposed initiative in 250 words or fewer. To the extent possible, include ject's activities, evaluation, and intended outcomes, and describe how it fits within the e(s) of TANF detailed above.

Briefly describe how your organization will accommodate people with disabilities (in accordation with the Americans with disabilities Act) when providing services under this grant (TTY photline, wheelchair accessibility, etc.).			
develop a similar	plied to a county department of human / social services for TANF funds to project, or if you area county office, what barriers have prevented you from a project with your existing TANF funds?		
☐ No	Yes		
Please explain:			